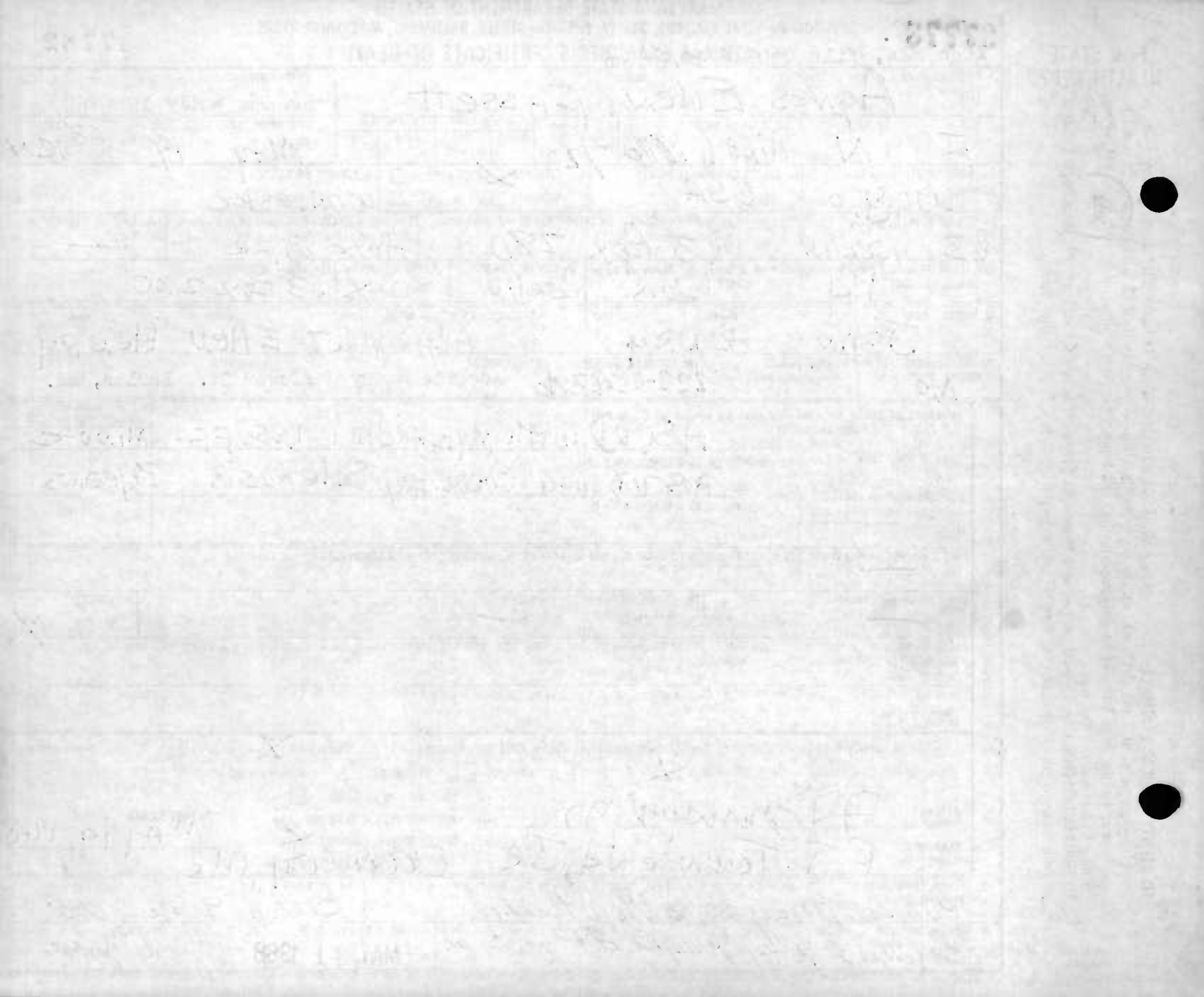


FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												
MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
1. DECEASED-NAME (Type or Print) <u>Agnes Ellen Cassett</u>						2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> 1968			2b. HOUR <input type="checkbox"/> M			
3. SEX <u>F</u>		4. RACE <u>N</u>		5. DATE OF BIRTH <u>MAR 1, 1898</u>		6. AGE (In years last birthday) <u>71</u> YRS.		IF UNDER 1 YEAR MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>		IF UNDER 24 HRS. HOURS <input type="checkbox"/> MIN. <input type="checkbox"/>		
7a. BIRTHPLACE (State or foreign country) <u>Worcester</u>			7b. CITIZEN OF WHAT COUNTRY? <u>USA</u>			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH <u>Worcester</u>			
10. CITY OR TOWN OF DEATH <u>R3 Berlin</u>				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <u>R3 Box 280</u>				12a. USUAL OCCUPATION (Kind of work done during a most of working life, even if retired.) <u>House wife</u>			12b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <u>Md</u>				13b. COUNTY <u>Wor</u> CITY OR TOWN <u>Berlin</u>				13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <u>R3 Box 280</u>		
14. FATHER'S NAME First <u>John</u> Middle <u>Henry</u> Last <u>—</u>						15. MOTHER'S MAIDEN NAME First <u>Margaret Ellen</u> Middle <u>Henry</u> Last <u>—</u>						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16b. SOCIAL SECURITY NO. <u>222-05-8386</u>		17. INFORMANT <u>Adeline Henry</u> ADDRESS <u>Flower St. Berlin, Md.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASCVD with Myocardial INSUFF.</u> <u>4129</u> DUE TO, OR AS A CONSEQUENCE OF <u>MINUTE</u>												
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>ASCVD with CORONARY Sclerosis</u> DUE TO, OR AS A CONSEQUENCE OF <u>3 years</u>												
(c) <u>—</u>												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) <u>4201</u>												
19a. DATE OF OPERATION <u>—</u>						19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <u>—</u>				21b. TIME OF INJURY Month, Day, Year <u>—</u> HOUR A.M. <u>—</u> P.M. <u>19</u>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) <u>—</u>						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK NOT WHILE <input type="checkbox"/> AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u>—</u>				21f. LOCATION Street or R.F.D. No. <u>—</u>		City or Town <u>—</u>		County <u>—</u> State <u>—</u>		
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>												
ACTUAL SIGNATURE <u>F. J. Townsend, Jr.</u> M.D.						CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED <u>MAY 19, 1968</u>			
EXAMINER'S NAME (Type) <u>F. J. Townsend, Jr.</u>						DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			ADDRESS (Street, City, Town, or County) <u>Berlin, Worcester, Md.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 22, 1968</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Berlin</u>				23d. LOCATION (City or Town) (County) (State) <u>Berlin Worcester Md.</u>				
24. FUNERAL DIRECTOR <u>Louisa S. Jolley-Jeremy Rd. #2, Salis, Md.</u>						25a. REC'D BY REGISTRAR <u>—</u> DATE <u>MAY 31 1968</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>				



**FOR STATE  
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

07773

D. VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

07783

DECEASED-NAME (Type or Print) <b>Edward James Long</b>		2a. DATE KNOWN OF DEATH ESTIMATED <input checked="" type="checkbox"/> <b>May 11 1968</b>		2b. HOUR <b>6a.m.</b>
3. SEX <b>Male</b>	4. RACE <b>Negro</b>	5. DATE OF BIRTH <b>Apr. 16, 1906</b>	6. AGE (in years) <b>62</b> YRS.	7c. DATE PRONOUNCED DEAD <b>May 11 1968</b>
7d. BIRTHPLACE (State or foreign country) <b>Md.</b>	7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <b>Worcester</b>	
10. CITY OR TOWN OF DEATH <b>Pocomoke</b>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>R.F.D.</b>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Laborer</b>	12b. KIND OF BUSINESS OR INDUSTRY <b>Cook</b>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Md.</b>	13b. COUNTY <b>Worcester</b>	13c. CITY OR TOWN <b>Pocomoke</b>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER <b>R.F.D. 2 Bx. 56</b>
14. FATHER'S NAME <b>Edward James Long Sr.</b>	15. MOTHER'S MAIDEN NAME <b>Leah Hudson</b>		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16b. SOCIAL SECURITY NO. <b>4201</b>		17. INFORMANT <b>Eskella Marshall</b>		17. ADDRESS <b>839 Leland St. Phila. Pa.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>4201</b>				
19a. DATE OF OPERATION <b>—</b>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. _____ P.M. <b>19</b>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. _____ City or Town _____ County _____ State _____		
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>				
ACTUAL SIGNATURE <b>Charles W. Trader</b>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <b>May 13, 1968</b>
EXAMINER'S NAME (Type) <b>Charles W. Trader, M.D.</b>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5-15-68</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Halls Hill Cem.</b>	23d. LOCATION (City or Town) (County) (State) <b>Pocomoke Wor. Md.</b>	
24. FUNERAL DIRECTOR <b>Samuel Sawyer</b>		25a. RECEIVED BY REGISTRAR <b>May 15 1968</b>		25b. REGISTRAR'S SIGNATURE <b>[Signature]</b>

RECEIVED BY THE CENTRAL OFFICE OF THE

05774

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-9. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

07780

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07784

1. DECEASED-NAME (Type or Print) <u>Hattie Marie Quillen</u>				2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <u>5</u> Day <u>19</u> Year <u>1968</u>				2b. HOUR <u>12:30</u> AM	
3. SEX <u>F</u>		4. RACE <u>N</u>		5. DATE OF BIRTH <u>1886</u>		6. AGE (In years last birthday) <u>82</u> YRS		2c. DATE PRONOUNCED DEAD Month <u>5</u> Day <u>19</u> Year <u>1968</u>	
7a. BIRTHPLACE (State or foreign country) <u>Maryland</u>		7b. CITIZEN OF WHAT COUNTRY? <u>USA</u>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <u>Worcester</u> Md.			
10. CITY OR TOWN OF DEATH <u>Berlin</u>				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <u>Rt #2 Box 432</u>				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <u>Housewife</u>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <u>Maryland</u> COUNTY <u>Worcester</u>				13b. CITY OR TOWN <u>Berlin</u>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <u>Rt #2 Box 432</u>	
14. FATHER'S NAME First <u>Irvin</u> Middle <u>Quillin</u> Last <u>Quillen</u>				15. MOTHER'S MAIDEN NAME First <u>Rachel</u> Middle <u>Warren</u> Last <u>Warren</u>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16b. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Annie Morris - Rt #2 Box 432</u> ADDRESS <u></u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO, OR AS A CONSEQUENCE OF <u>4129</u> (b) <u></u> DUE TO, OR AS A CONSEQUENCE OF <u></u> (c) <u>4221</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: <u></u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>YRS</u>	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u></u>									
19a. DATE OF OPERATION <u></u>				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year <u>19</u> P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u></u>					
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u></u>		21f. LOCATION Street or R.F.D. No. <u></u>		City or Town <u></u>		County <u></u> State <u></u>	
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <u>Barry J. Zacherle</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED <u>5/19/68</u>	
EXAMINER'S NAME (Type) <u>Barry J. Zacherle</u>				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
ADDRESS (Street, city, town, or county) <u>Berlin, Md.</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-25-68</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		23d. LOCATION (City or Town) <u>Berlin</u> (County) <u>Worcester</u> (State) <u>Md.</u>			
24. FUNERAL DIRECTOR <u>Spencer B. Jolley - Jolley &amp; Son, Inc.</u> ADDRESS <u>Salisbury, Md.</u>				25a. REC'D BY REGISTRAR <u>Charles Judge</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			
DATE <u>MAY 31 1968</u>									

1. NAME OF LAND		2. LOCATION	
3. ACRES		4. DATE	
5. COUNTY		6. STATE	
7. TOWNSHIP		8. RANGE	
9. SECTION		10. QUARTER	
11. SURVEY		12. MONUMENTS	
13. ADJACENT LANDS		14. COMMENTS	
15. SIGNATURE		16. DATE	
17. TITLE		18. REMARKS	
19. COUNTY		20. STATE	
21. TOWNSHIP		22. RANGE	
23. SECTION		24. QUARTER	
25. SURVEY		26. MONUMENTS	
27. ADJACENT LANDS		28. COMMENTS	
29. SIGNATURE		30. DATE	
31. TITLE		32. REMARKS	
33. COUNTY		34. STATE	
35. TOWNSHIP		36. RANGE	
37. SECTION		38. QUARTER	
39. SURVEY		40. MONUMENTS	
41. ADJACENT LANDS		42. COMMENTS	
43. SIGNATURE		44. DATE	
45. TITLE		46. REMARKS	
47. COUNTY		48. STATE	
49. TOWNSHIP		50. RANGE	
51. SECTION		52. QUARTER	
53. SURVEY		54. MONUMENTS	
55. ADJACENT LANDS		56. COMMENTS	
57. SIGNATURE		58. DATE	
59. TITLE		60. REMARKS	
61. COUNTY		62. STATE	
63. TOWNSHIP		64. RANGE	
65. SECTION		66. QUARTER	
67. SURVEY		68. MONUMENTS	
69. ADJACENT LANDS		70. COMMENTS	
71. SIGNATURE		72. DATE	
73. TITLE		74. REMARKS	
75. COUNTY		76. STATE	
77. TOWNSHIP		78. RANGE	
79. SECTION		80. QUARTER	
81. SURVEY		82. MONUMENTS	
83. ADJACENT LANDS		84. COMMENTS	
85. SIGNATURE		86. DATE	
87. TITLE		88. REMARKS	
89. COUNTY		90. STATE	
91. TOWNSHIP		92. RANGE	
93. SECTION		94. QUARTER	
95. SURVEY		96. MONUMENTS	
97. ADJACENT LANDS		98. COMMENTS	
99. SIGNATURE		100. DATE	
101. TITLE		102. REMARKS	
103. COUNTY		104. STATE	
105. TOWNSHIP		106. RANGE	
107. SECTION		108. QUARTER	
109. SURVEY		110. MONUMENTS	
111. ADJACENT LANDS		112. COMMENTS	
113. SIGNATURE		114. DATE	
115. TITLE		116. REMARKS	
117. COUNTY		118. STATE	
119. TOWNSHIP		120. RANGE	
121. SECTION		122. QUARTER	
123. SURVEY		124. MONUMENTS	
125. ADJACENT LANDS		126. COMMENTS	
127. SIGNATURE		128. DATE	
129. TITLE		130. REMARKS	
131. COUNTY		132. STATE	
133. TOWNSHIP		134. RANGE	
135. SECTION		136. QUARTER	
137. SURVEY		138. MONUMENTS	
139. ADJACENT LANDS		140. COMMENTS	
141. SIGNATURE		142. DATE	
143. TITLE		144. REMARKS	
145. COUNTY		146. STATE	
147. TOWNSHIP		148. RANGE	
149. SECTION		150. QUARTER	
151. SURVEY		152. MONUMENTS	
153. ADJACENT LANDS		154. COMMENTS	
155. SIGNATURE		156. DATE	
157. TITLE		158. REMARKS	
159. COUNTY		160. STATE	
161. TOWNSHIP		162. RANGE	
163. SECTION		164. QUARTER	
165. SURVEY		166. MONUMENTS	
167. ADJACENT LANDS		168. COMMENTS	
169. SIGNATURE		170. DATE	
171. TITLE		172. REMARKS	
173. COUNTY		174. STATE	
175. TOWNSHIP		176. RANGE	
177. SECTION		178. QUARTER	
179. SURVEY		180. MONUMENTS	
181. ADJACENT LANDS		182. COMMENTS	
183. SIGNATURE		184. DATE	
185. TITLE		186. REMARKS	
187. COUNTY		188. STATE	
189. TOWNSHIP		190. RANGE	
191. SECTION		192. QUARTER	
193. SURVEY		194. MONUMENTS	
195. ADJACENT LANDS		196. COMMENTS	
197. SIGNATURE		198. DATE	
199. TITLE		200. REMARKS	
201. COUNTY		202. STATE	
203. TOWNSHIP		204. RANGE	
205. SECTION		206. QUARTER	
207. SURVEY		208. MONUMENTS	
209. ADJACENT LANDS		210. COMMENTS	
211. SIGNATURE		212. DATE	
213. TITLE		214. REMARKS	
215. COUNTY		216. STATE	
217. TOWNSHIP		218. RANGE	
219. SECTION		220. QUARTER	
221. SURVEY		222. MONUMENTS	
223. ADJACENT LANDS		224. COMMENTS	
225. SIGNATURE		226. DATE	
227. TITLE		228. REMARKS	
229. COUNTY		230. STATE	
231. TOWNSHIP		232. RANGE	
233. SECTION		234. QUARTER	
235. SURVEY		236. MONUMENTS	
237. ADJACENT LANDS		238. COMMENTS	
239. SIGNATURE		240. DATE	
241. TITLE		242. REMARKS	
243. COUNTY		244. STATE	
245. TOWNSHIP		246. RANGE	
247. SECTION		248. QUARTER	
249. SURVEY		250. MONUMENTS	
251. ADJACENT LANDS		252. COMMENTS	
253. SIGNATURE		254. DATE	
255. TITLE		256. REMARKS	
257. COUNTY		258. STATE	
259. TOWNSHIP		260. RANGE	
261. SECTION		262. QUARTER	
263. SURVEY		264. MONUMENTS	
265. ADJACENT LANDS		266. COMMENTS	
267. SIGNATURE		268. DATE	
269. TITLE		270. REMARKS	
271. COUNTY		272. STATE	
273. TOWNSHIP		274. RANGE	
275. SECTION		276. QUARTER	
277. SURVEY		278. MONUMENTS	
279. ADJACENT LANDS		280. COMMENTS	
281. SIGNATURE		282. DATE	
283. TITLE		284. REMARKS	
285. COUNTY		286. STATE	
287. TOWNSHIP		288. RANGE	
289. SECTION		290. QUARTER	
291. SURVEY		292. MONUMENTS	
293. ADJACENT LANDS		294. COMMENTS	
295. SIGNATURE		296. DATE	
297. TITLE		298. REMARKS	
299. COUNTY		300. STATE	
301. TOWNSHIP		302. RANGE	
303. SECTION		304. QUARTER	
305. SURVEY		306. MONUMENTS	
307. ADJACENT LANDS		308. COMMENTS	
309. SIGNATURE		310. DATE	
311. TITLE		312. REMARKS	
313. COUNTY		314. STATE	
315. TOWNSHIP		316. RANGE	
317. SECTION		318. QUARTER	
319. SURVEY		320. MONUMENTS	
321. ADJACENT LANDS		322. COMMENTS	
323. SIGNATURE		324. DATE	
325. TITLE		326. REMARKS	
327. COUNTY		328. STATE	
329. TOWNSHIP		330. RANGE	
331. SECTION		332. QUARTER	
333. SURVEY		334. MONUMENTS	
335. ADJACENT LANDS		336. COMMENTS	
337. SIGNATURE		338. DATE	
339. TITLE		340. REMARKS	
341. COUNTY		342. STATE	
343. TOWNSHIP		344. RANGE	
345. SECTION		346. QUARTER	
347. SURVEY		348. MONUMENTS	
349. ADJACENT LANDS		350. COMMENTS	
351. SIGNATURE		352. DATE	
353. TITLE		354. REMARKS	
355. COUNTY		356. STATE	
357. TOWNSHIP		358. RANGE	
359. SECTION		360. QUARTER	
361. SURVEY		362. MONUMENTS	
363. ADJACENT LANDS		364. COMMENTS	
365. SIGNATURE		366. DATE	
367. TITLE		368. REMARKS	
369. COUNTY		370. STATE	
371. TOWNSHIP		372. RANGE	
373. SECTION		374. QUARTER	
375. SURVEY		376. MONUMENTS	
377. ADJACENT LANDS		378. COMMENTS	
379. SIGNATURE		380. DATE	
381. TITLE		382. REMARKS	
383. COUNTY		384. STATE	
385. TOWNSHIP		386. RANGE	
387. SECTION		388. QUARTER	
389. SURVEY		390. MONUMENTS	
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